

DISCOVERY INSTITUTE

A New Approach to Homelessness in Seattle

Guiding Principles and
Immediate Action Steps for
Change

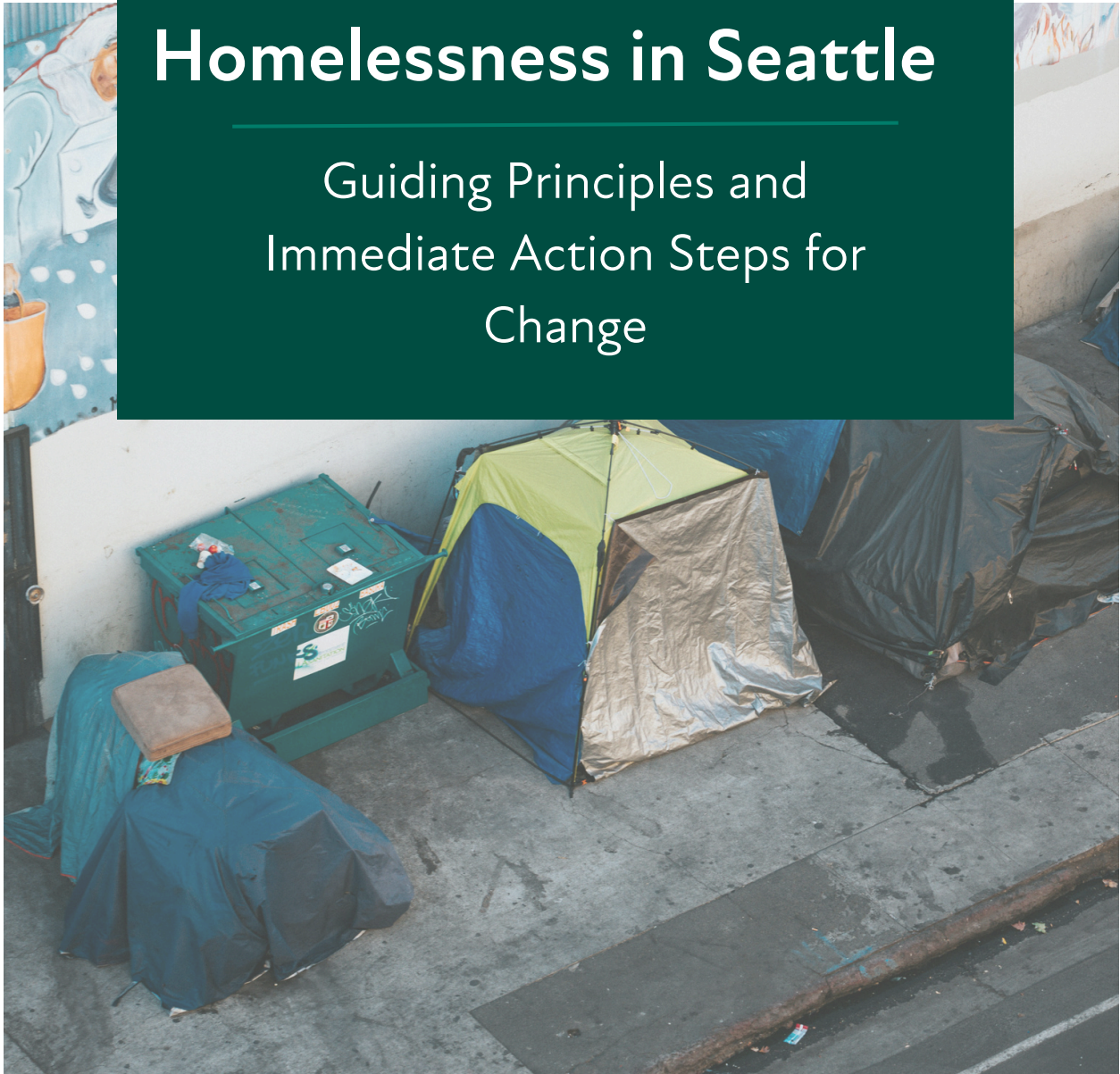


Table of Contents

- 1 Executive Summary
- 2 Background and Observations
- 3 Findings and Data on Homelessness in Seattle
- 5 Recommendations
- 11 Summary
- 12 Endnotes



Executive Summary

Seattle's homelessness crisis is the third worst in the nation, with the number of people experiencing unsheltered homelessness in King County at an all-time high and on pace to double in less than three years.[1] In addition to the tragic negative impact on the lives of those experiencing homelessness, the crisis also impacts the safety and livability of the surrounding community.

In order to understand the unique aspects of the region's homelessness crisis, Discovery Institute's Fix Homelessness initiative conducted a comprehensive study of Seattle's population experiencing homelessness who are enrolled in service programs. Our data indicates that half of those experiencing homelessness first experienced homelessness outside of Seattle or King County and have no direct connection to the area.

We posit that three policies have contributed to Seattle's homelessness crisis:

- 1) halting treatment requirements,**
- 2) redistributing of funds away from an emergency response towards permanent supportive housing, and**
- 3) utilizing a one-size-fits-all approach to different populations with unique needs.**

Consequently, we recommend a new approach for addressing Seattle's response to homelessness, with these four Guiding Principles:

Guiding Principles

1. Prioritize expansion of treatment and recovery capacity.
2. Create clinical pathways to recovery out of homelessness.
3. Support long-term recovery in sober living and work programs.
4. Coordinate efforts between first responders and outreach teams towards a zero-tolerance policy for encampments.

More specifically, we recommend three Immediate Action Steps to limit the expansion of homelessness and begin to make significant strides to reduce homelessness:

Immediate Action Steps

1. Allocate all unrestricted funds towards treatment and recovery programs, with the goal of self-sufficiency for those experiencing homelessness.
2. Redirect 20% of homelessness and housing funding towards an emergency treatment response for 2,450 people experiencing unsheltered homelessness who have direct connection to Seattle.
3. Create two clinical tracks and require all service providers to align their services accordingly.

Background and Observations

In King County, the latest data reveal an estimated 16,385 individuals experiencing homelessness, a 23% increase from the previous count in 2022. In fact, homelessness in King County has increased every year since 2019 according to annual Point-in-Time (PIT) counts. This year, an estimated 9,810 individuals are experiencing unsheltered homelessness, a 28% increase from the previous estimate.[2]

King County's homelessness crisis is one of the worst in the nation, with the third largest population experiencing homelessness and a per capita rate of homelessness on par with Los Angeles. [3] While the national population experiencing unsheltered homelessness is increasing by 12%, King County's growth rate of 28% is significantly higher. [4] If nothing dramatically changes, King County's unsheltered population will double to 19,620 in under three years.

In 2013, the federal government adopted a "Housing First" policy, prohibiting that federal funding for homelessness programs be combined with treatment or training requirements.[5] By prohibiting treatment requirements, this policy change created major service gaps in substance use disorder and mental illness treatment. The largest and most robust national study to date (conducted by UC Berkeley and UCLA) reveals that 75% of people experiencing unsheltered homelessness self-report a substance use disorder or untreated mental illness. The study also found that nearly half self-report that substance use disorders and/or a mental health condition contributed to their loss of housing. [6]

Illustrating this reality, in King County, 49% of overdose deaths in 2023 were of people living unsheltered, in temporary housing, or in subsidized supportive housing.[7] A July 2024 audit from the City of Seattle acknowledges the

high rates of fatal overdose inside permanent supportive housing, noting a 282% increase in overdose deaths in permanent supportive housing between 2020 and 2023.[8] The emergence of Fentanyl has changed the landscape of this issue. Fentanyl is now the leading cause of death among Americans ages 18-45, calling for nothing short of an emergency response. [9]

Just over a decade ago, federal funding for Continuums of Care (CoCs) was required to be divided equally among emergency beds, transitional housing, and permanent supportive housing. In the last ten years, the distribution of emergency beds, transitional housing beds, and permanent supportive housing beds became heavily skewed towards the last. At the same time, unsheltered homelessness increased nationwide year over year.[10]

Reflecting the approach of the federal government, as well as that of many large cities, the prevailing policies aimed at addressing homelessness in Seattle and King County have halted treatment requirements, redistributed funds away from an emergency response in favor of permanent supportive housing, and utilized a one-size-fits-all approach to populations with different needs.

The results of adhering to these failed strategies are unambiguous. The City of Seattle and King County have the third-largest population experiencing homelessness of any HUD Continuum of Care in the U.S. If the current rate of growth of unsheltered homelessness continues, 19,620 individuals will be experiencing unsheltered homelessness in less than three years. It is well past time for a new approach.

Supreme Court Ruling Expands Local Options

The recent Supreme Court ruling in *City of Grants Pass v. Johnson* gives local jurisdictions the freedom to tailor their homelessness response to their population and expands local authority. As stated in the opinion of the Court, “a handful of federal judges” cannot “begin to ‘match’ the collective wisdom the American people possess in deciding ‘how best to handle’ a pressing social question like homelessness.”[11]

Findings and Data on Homelessness in Seattle

In order to understand the unique dynamics of Seattle’s homelessness crisis, Discovery Institute’s Fix Homelessness initiative conducted a comprehensive study in May 2024 of Seattle’s population enrolled in homelessness service programs. The study found that the vast majority of those experiencing homelessness in Seattle had little or no connection to Seattle or King County.[12] The study found that 49.7% of the population experiencing homelessness began experiencing homelessness outside of Seattle or King County (see Fig. 1). [13] Furthermore, 66.8% of the population do not have, and have never previously had, family in Seattle or King County, 86.6% were born outside of Seattle or King County, and 80.2% did not attend high school in Seattle or King County.



The survey identified the following characteristics of Seattle's population experiencing homelessness.

Age

The average age of those experiencing homelessness and enrolled in service programs is 46.9 years.

Length of Time Experiencing Homelessness

People have been experiencing homelessness for an average of 4.2 years.

Where Homelessness Was First Experienced

Of people experiencing homelessness, 49.7% first began experiencing homelessness outside of Seattle or King County.

Location of Birth

Of people experiencing homelessness, 86.6% were not born in Seattle or King County.

Job History in Seattle or King County Before Experiencing Homelessness

Prior to experiencing homelessness, 48.7% of people had employment in Seattle or King County.

Job History After Experiencing Homelessness

Of people currently experiencing homelessness,

- 71.1% have no job,
- 13.9% have a part-time job, and
- 15.0% have a full-time job.

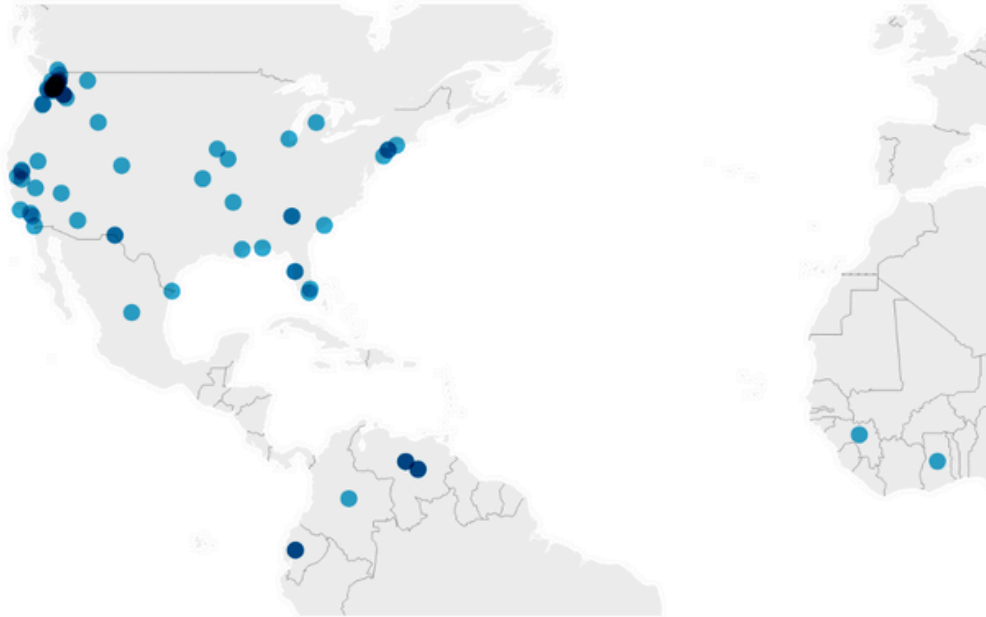
Location of High School Attendance

- 19.8% of people experiencing homelessness attended high school in Seattle or King County.
- 16.0% of people experiencing homelessness attended high school outside of King County and in Washington State.
- 64.2% of people experiencing homelessness attended high school outside of Washington State.

Location of Family

- 66.8% of people experiencing homelessness do not currently have, and have never previously had, family living in Seattle or King County.
- 7.0% of people experiencing homelessness previously had family living in Seattle or King County who no longer live there or are deceased.
- 26.2% of people experiencing homelessness have family living in Seattle or King County.

Fig. 1: Location When First Experiencing Homelessness



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Figure 1: Circles on the map represent the city where an individual first began experiencing homelessness. When a city was not specified, the state or country was included. The shade of blue represents the density at that location. The darker the region, the more individuals who first began experiencing homelessness in that location.

Recommendations

Based on the study findings, as well as our experience with successful programs addressing homelessness in several other cities, we offer Guiding Principles below that should guide the governmental efforts in Seattle. [14]

Additionally, consistent with these Guiding Principles, and based on data about the local population experiencing homelessness and our observations about city and county priorities and policies, we offer three specific Immediate Action Steps that can have a significant positive impact on the region's homelessness crisis.

The Guiding Principles and Immediate Action Steps all address three key policy failures that have contributed to the current homelessness crisis in Seattle: (1) halting treatment requirements, (2) redistributing of funds away from an emergency response towards permanent supportive housing, (3) utilizing a one-size-fits-all approach to populations with unique needs.

Guiding Principles

1. Prioritize expansion of treatment and recovery capacity.
2. Create clinical pathways to recovery out of homelessness.
3. Support long-term recovery in sober living and work programs.
4. Coordinate efforts between first responders and outreach teams towards a zero-tolerance policy for encampments.

1. PRIORITIZE EXPANSION OF TREATMENT CAPACITY

Public and private funding should be prioritized to enable the most effective nonprofit organizations to dramatically expand the number of beds accompanied with treatment services in Seattle.

Local nonprofit organizations should be identified who have a track record of success in helping people move out of homelessness by providing cost-effective services that lead to sustainable, long-term results.

2. CREATE CLINICAL PATHWAYS TO RECOVERY OUT OF HOMELESSNESS.

Clinical experience indicates that when people receive services within proximity to their family and support network, they greatly improve their chances of a successful transition out of homelessness. For those with long-term connection to Seattle or King County, robust long-term treatment services should be provided immediately. For those without long-term connection to Seattle or King County, family reunification should be prioritized via case management.

3. SUPPORT LONG-TERM RECOVERY IN SOBER LIVING AND WORK PROGRAMS.

Work and job training opportunities are empowering for those who have gone through treatment and are seeking to build healthy lives in recovery. Therefore, funding should be provided for continued care programs that foster ongoing recovery during re-entry to housing and employment. These may include sober living, recovery housing, workforce housing, employment opportunities, and job training.

4. COORDINATE EFFORTS BETWEEN FIRST RESPONDERS AND OUTREACH TEAMS TOWARDS A ZERO-TOLERANCE POLICY FOR ENCAMPMENTS.

Local outreach teams should be encouraged to leverage their relationships with people experiencing unsheltered homelessness to help them enter beds accompanied with treatment services. Since Seattle Police, EMS, Seattle Fire, and the CARE Team frequently interact with people experiencing homelessness on the street, it is important that a strong partnership exists between first responders and outreach teams to connect people to beds with services. Resources should be focused primarily on people who are not resistant to shelter and services.



Immediate Action Steps

1. Allocate all unrestricted funds towards treatment and recovery programs, with the goal of self-sufficiency for those experiencing homelessness.
2. Redirect 20% of homelessness and housing funding towards an emergency treatment response for 2,450 people experiencing unsheltered homelessness who have direct connection to Seattle.
3. Create two clinical tracks and require all service providers to align their services accordingly.

We observe a significant gap in Seattle services for treatment and recovery. Similarly, we note the redistribution of funding and the subsequent imbalance of services away from an emergency response and towards permanent supportive housing. The data collected in our study indicates that there are very low levels of direct connection to Seattle or King County among those experiencing homelessness in service programs in Seattle.

Consequently, we recommend three Immediate Action Steps that align with the four Guiding Principles, to limit the growth of homelessness in Seattle and to begin to make positive progress in addressing the crisis.

1. ALLOCATE ALL UNRESTRICTED FUNDS TOWARDS TREATMENT AND RECOVERY PROGRAMS, WITH THE GOAL OF SELF-SUFFICIENCY FOR THOSE EXPERIENCING HOMELESSNESS.

Treatment and recovery options for individuals and families experiencing homelessness are currently limited throughout Seattle and King County. There is a critical need for additional short-term and long-term mental health and substance use disorder treatment services. Therefore, we recommend identifying funding sources that can be used to customize tailored treatment programs for individuals and families experiencing homelessness.

Fentanyl poisoning is killing more Americans ages 18-45 than any other cause of death. In King County, Fentanyl is responsible for the majority of overdose fatalities, and 49% of those fatalities were of individuals living unsheltered, in temporary housing, or in permanent supportive housing. [15]

Disproportionately high overdose fatalities in subsidized and permanent supportive housing should make it clear that treatment and recovery must be the priority, with success being measured not by housing units filled, but by people re-gaining self-sufficiency and health. City funding sources that are not restricted should be allocated towards dramatically increasing access to treatment programs and services.

2. REDIRECT 20% OF HOMELESSNESS AND HOUSING FUNDING TOWARDS AN EMERGENCY TREATMENT RESPONSE FOR 2,450 PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS WHO HAVE DIRECT CONNECTIVITY TO SEATTLE.

When the Department of Housing and Urban Development (HUD) implemented the Continuum of Care Program, the goal was to create a balanced continuum of services from emergency, to transitional, to permanent. This was evidenced by a nationwide even distribution between emergency shelter, transitional housing, and permanent supportive housing from 2007 through 2012 (i.e. 1/3 emergency shelter beds, 1/3 transitional housing beds, 1/3 permanent supportive housing beds).

The continuum was altered, and the distribution of beds skewed, following the Housing First mandate. At the same time, unsheltered homelessness increased nationwide.[16] In Seattle and King County, the imbalance is clear: permanent supportive housing units outnumbered emergency shelter beds more than two-to-one in 2023 compared to a near-even split in 2008.[17]



Fig. 2: Distribution of Emergency and Permanent Beds in Seattle and King County

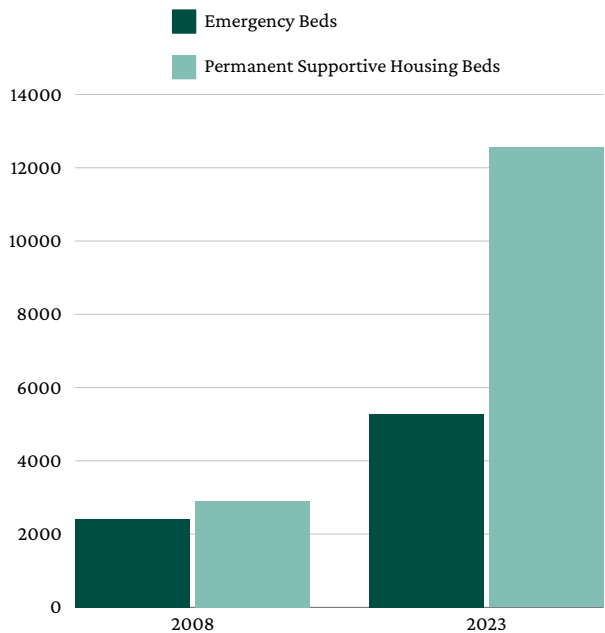


Figure 2: Data from HUD’s Housing Inventory Chart Reports show 2,404 emergency shelter beds and 2,912 permanent supportive housing beds in 2008, compared to 5,288 emergency shelter beds and 12,555 permanent supportive housing beds in 2023.

It is our recommendation that this ongoing imbalance be addressed by redirecting 20% of homelessness and housing funding towards the creation of seven emergency treatment shelters.

There are 9,810 people experiencing unsheltered homelessness in King County, and the majority are in Seattle. To move the needle on unsheltered homelessness, the city should set a goal of immediately addressing 25% of the unsheltered population.

We recommend creating emergency treatment shelters for 2,450 people by siting one facility in each council district, with capacity for 350 individuals at each (this is the starting point of a cost-effective capacity range).[18] The residency standard described above should apply to the emergency facilities.

Nonprofit organizations with a track record of effective treatment and transition out of homelessness should be selected to facilitate the treatment services at each site.

The following services or referrals should be provided on a full-time or part-time basis at each emergency treatment shelter to help people move towards a transition out of homelessness:

+ Engagement:

- Intake, registration, and assessment
- Master case management

+ Medical:

- Mental health (on-site and off-site referrals)
- Substance use disorder treatment (on-site and off-site referrals)
- Pharmacy services (on-site)
- Medical (on-site and off-site referrals)
- Dental (off-site referrals)
- Vision (off-site referrals)

+ Employment:

- Legal services and ID recovery
- Life skills training
- Job skills training (includes resume, interview and retention skills training)
- Job placement, coaching, and enlisting business community support for jobs

+ Hygiene:

- 24/7 bathrooms
- Showers
- Hygiene skills training and services
- Haircut services

+ Food:

- Establishment of a commercial kitchen
- Food and meals
- Coordination of meals (delivery and preparation from non-profits and churches)

+ Additional Support Services:

- Housing out-placement
- Veteran services
- Clothing closet
- Daytime activities
- Property storage
- Donation center

+ Administration:

- Administrative services
- Security
- Storage
- Volunteer coordination
- Community service work crews

The creation of seven new emergency treatment shelters is an immediate reinvestment in the full continuum of care. We recommend an ongoing redistribution of 20% of homelessness and housing funding towards emergency beds in an effort to restore balance between emergency, transitional, and permanent services.

3. CREATE TWO CLINICAL TRACKS AND REQUIRE ALL SERVICE PROVIDERS TO ALIGN THEIR SERVICES ACCORDINGLY.

Based on clinical experience, the City of Seattle should aim to place individuals in an environment that provides the greatest chance for a successful recovery.

Substantial research indicates that a permanent exit from homelessness is most likely when recovery occurs in a location where the person experiencing homelessness is deeply connected and has a longstanding support network — typically in a person’s hometown.[19] Notable exceptions are those experiencing homelessness who are survivors of sexual and domestic violence for whom safe, trauma-informed resources are often needed outside where the violence occurred.

A meta-analysis from 2020 analyzed the findings of 16 studies and found that substance use disorder treatment is significantly more effective when family, partners, or friends are involved compared to individually based therapies.[20] According to the Federal Substance Abuse and Mental Health Services Administration (SAMHSA),

“All families share a bond that can be used to support one another during trying times. While there is no one-size-fits- all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental and substance use disorders.”

Data from our study shows that almost half of people experiencing homelessness in Seattle started experiencing homelessness outside of Seattle or King County, and less than a third have family or long-term personal connection to Seattle or King County.

Rather than a one-size-fits-all approach, services should be customized to promote the most effective recovery and exit from homelessness.

For the purpose of prioritizing services, we recommend that “direct connection to Seattle” be determined by documentation of any of the following:

- a. birth in Seattle or King County
- b. high school attendance in Seattle or King County
- c. family living in Seattle or King County
- d. continuous living in Seattle or King County for more than two years.

The criteria above should guide the provision of long-term services. It is important to note that this proposal does not apply to the provision of short-term emergency services, which should be offered to all individuals for up to 21 days in a year, regardless of their connection to Seattle. Additionally, short-term services for visitors must include robust case management for family reunification and recovery in proximity to a longstanding support network. Exceptions to the criteria would be made for individuals who are victims and survivors of domestic violence, for whom trauma-informed services are needed outside of the location of prior violence.

Based on the residency criteria above, two clinical tracks should be created for each unique sub-population experiencing homelessness:

1. *Individuals with direct connection to Seattle:*

These persons should receive long-term treatment services to successfully transition out of homelessness and be provided continued support for sustainable recovery, housing, and employment.

2. *Visitors with no direct connection to Seattle:*

These persons should receive immediate and robust case management for family reunification in order to enable the highest chances at successful recovery and transition out of homelessness by being in proximity to a longstanding support network. A priority focus should be placed on those who have been in Seattle for fewer than 30 days.

We strongly recommend that long-term services be offered exclusively for individuals with long-term, direct connection to Seattle. Ideally, all formal service agencies and nonprofit organizations providing services within Seattle should adopt and use this same eligibility criterion.

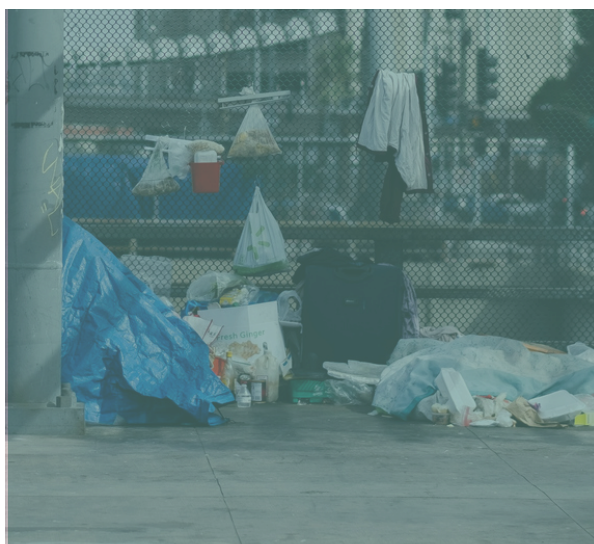
Simply put, people should receive services that give them the highest chance of recovery and transition out of homelessness. Short-term emergency services and family reunification for treatment should be provided for those who began experiencing homelessness outside of King County and have no direct connection to the area.

Summary

Seattle is at a crossroads. The crisis in Seattle is the third worst in the nation, and unsheltered homelessness is on track to double in under three years. To reverse the trend of ever-increasing homelessness and the accompanying challenges for the surrounding community, and to start making a meaningful impact on the crisis in Seattle, the city should allocate available resources towards treatment and recovery services.

The city should also address a funding imbalance of permanent supportive housing over emergency response funding. We recommend redirecting 20% of homelessness and housing funding towards the creation of seven emergency treatment shelters to immediately bring 25% of the unsheltered population indoors and on a path towards treatment and recovery.

Finally, the city cannot ignore solutions that recognize the high percentage of people who began experiencing homelessness outside of Seattle and have no direct connection to the area. We recommend creating two clinical tracks for services that place people where they have the best chance at recovery in a support network.



Endnotes

1. Anna Patrick, “King County reports largest number of homeless people ever,” *The Seattle Times*, May 15, 2024.
2. King County Regional Homelessness Authority, *Point in Time Count 2024*, <https://kcrha.org/data-overview/king-%20county-point-in-time-count/>.
3. U.S. Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness*, by Tanya de Sousa, Alyssa Andrichik, Ed Prestera, Katherine Rush, Colette Tano, and Micaiah Wheeler, December 2023, <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>.
4. U.S. Department of Housing and Urban Development, *2023 Annual Homelessness Assessment Report: By The Numbers*, https://www.hud.gov/sites/dfiles/PA/documents/2023_PIT_Count_By_the_Numbers.pdf.
5. Discovery Institute, *How Congress Can Reform Government’s Misguided Homelessness Policies*, October 2022, <https://fixhomelessness.org/>.
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7. King County Overdose Deaths Data Dashboard, “Preliminary Assessment of Housing Status of Overdose Decedents,” <https://kingcounty.gov/en/dept/dph/health-safety/medical-examiner/reports-dashboards/overdose-deaths-dashboard>.
8. Claudia Gross Shader, David G. Jones, *Addressing Places in Seattle Where Overdoses and Crime are Concentrated: An Evidence-Based Approach*, July 2024, <https://www.seattle.gov/documents/Departments/CityAuditor/auditreports/OverdoseAndCrimeConcentrationsAudit.pdf>
9. Get Smart About Drugs, *DEA Administrator on Record Fentanyl Overdose Deaths*, <https://www.getsmartaboutdrugs.gov/media/dea-administrator-record-fentanyl-overdose-deaths>.
10. Discovery Institute, See Figure 3.
11. *City of Grants Pass v. Johnson*, 603 U. S. 34 (2024).
12. Discovery Institute collected data from clients across three living programs—Hope Place Women’s Recovery program, Union Gospel Mission Men’s Shelter program and work program, and Bread of Life Mission Men’s program. The exact survey should be repeated in partnership with the city or county among the population experiencing unsheltered homelessness as well as in partnership with other nonprofit programs.
13. The 2018 Point in Time count reports the location of respondents “immediately prior to loss of housing,” a difference in methodology that may not accurately reflect where someone began experiencing homelessness.
14. Dr. Robert Marbut has helped communities address homelessness in San Antonio, Texas; Clearwater, Florida; St. Petersburg & Pinellas County, Florida; City of Buena Park, California; Fort Smith, Arkansas; Prince William County, Virginia; Placer County, California; Key West, Florida; and Panama City, Florida.
15. Get Smart About Drugs and King County Overdose Deaths Data Dashboard.
16. Discovery Institute.
17. U.S. Department of Housing and Urban Development, *HUD 2008 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report and 2023 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report*, https://files.hudexchange.info/reports/published/CoC_HIC_CoC_WA-500-2008_WA_2008.pdf and https://files.hudexchange.info/reports/published/CoC_HIC_CoC_WA-500-2023_WA_2023.pdf.
18. Cost to operate scales with number of beds within a calculated range.
19. See statement from SAMHSA and meta-analysis cited in endnote 20.
20. Talia Ariss and Catharine Fairbairn, “The effect of significant other involvement in treatment for substance use disorders: A meta-analysis,” *Journal of Consulting and Clinical Psychology*, June 2020: 526-540.

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